

# MAINE HEALTH ALERT NETWORK

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***\*\*ADVISORY – Important Information\*\****

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**TO:** All HAN Recipients

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**SUBJECT:** H1N1 Vaccine and Treatment Update – December 4, 2009

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## Maine CDC H1N1 Vaccine and Treatment Update – December 4, 2009

### Vaccine Distribution

The vaccine supply continues to increase, and more substantially this week and into next week. By Monday we expect to have about 390,000 doses in Maine, which is enough for a little more than 1 dose per 2 people in the high priority groups and 1 dose per 3 people in the general population. Our distribution this past two weeks has focused on getting vaccine to many more health care facilities and practices, who now number into the hundreds. If you are a health care provider and have not received vaccine yet, there is a good chance you will this coming week. However, we still need to be vigilant about the vaccine supply since there still are over 300,000 people in high priority groups in Maine who have not had any access to vaccine.

With the vaccine supply increasing, H1N1 vaccine efforts should gradually start looking like seasonal flu vaccine efforts (in a non-shortage year), with the vaccine available in many different venues and offered by many different organizations.

Although there continues to be a seasonal flu vaccine shortage, there have also been some recent increases in the supply, allowing Maine CDC to fulfill our orders for nursing homes, many primary care health care providers, and most schools.

### Vaccine Administration – Priority Groups Expanded

Because of the expansion of H1N1 vaccine availability in many places in the state and the expected continued expansion throughout all of Maine, the priority groups for H1N1 vaccine administration is expanded now to include the following:

- **Pregnant women** and recently pregnant women because they are at higher risk of complications and can potentially provide protection to infants who cannot be vaccinated. Note that pregnant women should not receive the nasal-spray flu vaccine LAIV.
- **Household contacts and caregivers for children younger than 6 months of age** because younger infants are at higher risk of influenza-related complications and cannot be vaccinated. Vaccination of those in close contact with infants less than 6 months old might help protect infants by “cocooning” them from the virus.
- **All people from 6 months through 24 years of age**

**Children from 6 months through 18 years of age** because there have been many cases of H1N1 flu in children and they are in close contact with each other in school and day care settings, which increases the likelihood of disease spread. Children 6 months – 10 years of age should receive a booster dose. Some schools will be hosting clinics for the second doses soon.

**Young adults 19 through 24 years of age** because there have been many cases of H1N1 flu in these healthy young adults and they often live, work, and study in close proximity, and they are a frequently mobile population.

- **Persons aged 25 through 64 years who have health conditions associated with higher risk of medical complications from influenza.** Chronic medical conditions that confer a higher risk for influenza-related complications include

chronic pulmonary (including asthma), cardiovascular (except hypertension), renal, hepatic, cognitive, neurologic/neuromuscular, hematologic, or metabolic disorders (including diabetes mellitus) or immunosuppression (including immunosuppression caused by medications or by human immunodeficiency virus).

- **Healthcare personnel working in inpatient and outpatient settings with frequent direct contact with high priority patients and infectious materials. This includes, for instance, all EMS as well as nurses and doctors working in outpatient primary care practices, specialty practices, and schools.** This is because infections among healthcare workers have been reported and this can be a potential source of infection for vulnerable patients.

The one caveat to these priority groups is that since many people at high risk for hospitalization and death from H1N1 have not had adequate access to the vaccine (due to the shortage), we would like to make sure that the expansion to the above mentioned health care workers (assuming they themselves are not high-risk) doesn't mean that a community or health care facility cannot offer vaccine to those who are at highest risk of dying or being hospitalized from H1N1 – pregnant women, children and young adults, and adults with high-risk conditions. The main reason why healthy non-pregnant health care workers should be vaccinated is to protect the patients they serve, who more likely fall into high risk categories. The best way to protect these patients is to vaccinate them. However, we are receiving quite a bit of nasal spray, which is licensed for otherwise healthy non-pregnant 2 – 49 year olds. This is a very appropriate formulation for many health care workers. Therefore, we ask that the nasal spray be given to health care workers whenever possible so that their vaccination is not taking away from those who are at highest risk of being hospitalized or dying from H1N1.

It is our strong desire that all people in Maine be offered vaccine soon, and we hope that time will be here shortly.

#### **Reporting Vaccine Administration**

Maine CDC asks all H1N1 vaccine providers and/or administrators to submit the vaccine administration data into the Maine CDC's weekly vaccine reporting system. **This may start impacting the flow of vaccine, since it indicates low uptake of the vaccine. We believe at this point in time these data are an indication of under-reporting and how busy health care providers are taking care of people sick with H1N1 as well as administering vaccine.**

Maine CDC's Immunization Program is compiling a database that matches the vaccine distribution database with the vaccine administration database by provider so we can tell which providers are not reporting on vaccine administration (or not using their vaccine). We will then use this to help guide our vaccine distribution decision-making.

The weekly vaccine reporting form can be found at:

<http://www.maine.gov/dhhs/boh/maineflu/h1n1/health-care-providers.shtml>. The vaccine reporting periods on the form are the same timeframe as the dates for the vaccine clinics. This form is then compiled by us and submitted, as required, to US CDC.

#### **Prioritizing H1N1 Vaccine for Household Members of Infants**

Infants younger than six months old cannot receive H1N1 vaccine and are vulnerable to serious complications if infected. Household members of infants are a prioritized group for vaccine.

**Maine CDC encourages obstetricians and pediatricians and other health care providers to**

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**vaccinate parents of infants younger than six months old, even if these individuals are not currently their patients.** The PREP Act established liability protections for physicians who administer vaccine to patients not normally under their care (<http://www.hhs.gov/disasters/discussion/planners/prepact/prepact-h1n1.html>).

### **Second Doses**

Children nine and younger require a second dose of vaccine at least 21 days after the initial dose for full immunity; US CDC recommends a period of 28 days between doses. There is no maximum number of days between doses. Although it is preferable to receive the same type of vaccine (nasal spray or injection) for both doses, it is not required.

Due to the formulation of vaccine currently coming into the state, we are now able to begin offering second doses for children nine and younger in some areas. Vaccinators should follow the vaccine screening form to determine if sufficient time has passed between doses. Documentation of the first dose should not be required before administering a second dose. If a second dose is inadvertently administered early, it will not cause harm. In settings where supply is limited, first doses should still be prioritized.

### **Pneumococcal Illness and Vaccine**

**Increases in pneumococcal disease were seen during all three of the flu pandemics that occurred in the twentieth century. A report released in September showed that bacterial pneumonia is contributing to fatalities in people with H1N1 flu, similar to previous pandemics**

([http://www.cdc.gov/mmwr/preview/mmwrhtml/mm58e0929a1.htm?s\\_cid=rr58e0929a1\\_e](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm58e0929a1.htm?s_cid=rr58e0929a1_e)).

All children less than 5 years of age should receive the pneumococcal conjugate vaccine. The polysaccharide vaccine should be administered to all persons 2-64 years of age with high risk conditions and everyone 65 years and older.

Although there is no evidence that this vaccine is harmful to either a pregnant woman or to her fetus, it is not recommended during pregnancy. Women who have underlying conditions known to put them at risk of pneumococcal disease should be vaccinated before becoming pregnant, if possible.

US CDC issued a letter to health care providers urging them to make sure all their adult patients with indications have received the pneumococcal polysaccharide vaccine.

(<http://www.cdc.gov/h1n1flu/vaccination/provider/lettertoprovider.htm>)

CDC has also issued a Q&A on influenza and invasive pneumococcal disease

([http://www.cdc.gov/h1n1flu/vaccination/qa\\_pneumococcal\\_disease.htm](http://www.cdc.gov/h1n1flu/vaccination/qa_pneumococcal_disease.htm)).

### **Infection Control and Use of N95**

Successfully Preventing transmission of influenza in the health care setting requires a comprehensive approach, beginning with plans that are flexible and adaptable should changes occur in the severity of illness or other aspects of 2009 H1N1 and seasonal influenza. Facilities should use a hierarchy of controls approach to prevent exposure of healthcare personnel and patients and prevent influenza transmission within healthcare settings.

Maine CDC has posted the US CDC guidance on Infection Control Measures, a Summary of the October 2009 Infection Control Guidance, OSHA's position on compliance and enforcement, and

the procedures for hospitals requesting N95 respirators from the Strategic National Stockpile at this site: <http://www.maine.gov/dhhs/boh/maineflu/h1n1/infection-control.shtml>

### **Antiviral Treatment**

The groups at risk for complications from the flu are slightly different from the groups prioritized to receive H1N1 vaccine. Those at highest risk for complications from the flu include:

- **Children younger than 2 years-old**
- **Pregnant women**
- **Adults age 65 and older**
- **People with underlying medical conditions (such as asthma, heart failure, chronic lung disease, diabetes, HIV)**

People who fall into one or more of these groups and you have signs of the flu, should contact their health care providers as soon as possible to get a prescription for antiviral medications (such as Tamiflu®). People who fall into one of more of these groups, have not gotten an H1N1 vaccination yet, and live with someone who has the flu, should contact their health care providers. In some cases, the health care provider may want to prescribe antiviral medications before the person exhibits symptoms. **These medicines can significantly reduce severity (including hospitalization and death) as well as duration of illness.**

Maine CDC encourages physicians to prescribe antiviral medications as appropriate. In an effort to minimize financial barriers, Maine CDC has mobilized a significant portion of the state-purchased stockpile of antiviral medications for outpatient use by those who cannot afford them. For more information: <http://www.maine.gov/dhhs/boh/maineflu/h1n1/anti-viral.shtml>

### **Pediatric Suspension:**

The FDA has issued guidance on compounding an oral suspension of Tamiflu® to provide multiple prescriptions:

<http://www.fda.gov/Drugs/DrugSafety/InformationbyDrugClass/ucm188629.htm>

MaineCare has promulgated emergency rules increasing the reimbursement for compounding pediatric suspension from \$4.35 to \$10. Pharmacies can put through paper claims and they will be back dated to October 1 to receive the \$10 co-pay. The full stockpile of pre-prepared pediatric suspension in the stockpile has been fully deployed to hospitals, health centers, and Hannaford's pharmacies and other willing pharmacies. Additional syrup used to compound the pediatric suspension has also been deployed.

Mixing Tamiflu® with Sweet Liquids, a short video that demonstrates how to prepare a sweet liquid mixture for children who cannot swallow capsules, is now available at

<http://www.cdc.gov/CDCTV/MixingTamiflu/index.html>.

### **Intravenous Treatment for Hospitalized Patients with Antiviral Medicines – Peramivir:**

<http://www.cdc.gov/h1n1flu/eua/peramivir.htm>

<http://h1n1.nejm.org/?p=1188&query=TOC>

### **FMI**

- [www.maine.gov/dhhs/boh/maineflu.gov](http://www.maine.gov/dhhs/boh/maineflu.gov)
- Health Care Providers' Clinic Consultation Line: **1-800-821-5821**, available 24 hours per day
- Public Information and Referral Line: **211**, available now 8 am – 8 pm 7 days per week (note that this has changed from a Maine CDC phone number)

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